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| Fill | in this information to identify your o | ase: | | | | | | | |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|-----------------------|----------------|-----------------------------------------|-----------------|------------------------------|-----------------|
| | | Winchester | | | | | | | |
| | otor 2 use, if filing) | | | | | | | | |
| Uni | ted States Bankruptcy Court for the | e: SOUTHERN DISTRIC | CT OF OHIO | | _ | | | | |
| | se number | - | A suppleme | 7 | | | | | |
| Of | fficial Form 106I | | | | | | | ollowing date. | |
| | chedule I: Your Inc | ome | | | | MM / DD/ Y | YYY | | 12/1 |
| supį spoi attad | is complete and accurate as posplying correct information. If you use. If you are separated and you che a separate sheet to this form. The describe Employment | ı are married and not filiı ur spouse is not filing wi | ng jointly, and your s ith you, do not inclu | spouse i de inforr | s liv natio | ing with you, incl on about your spo | ude infor | mation about ore space is | your needed, |
| 1. | Fill in your employment information. | Debtor 1 | | | Debtor 2 | Debtor 2 or non-filling spouse | | | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | ✓ Employed☐ Not employed | | | ☐ Empl | oyed mployed | | |
| | | Occupation | Accounting Adv | /isor | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Cardinal Health | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 7000 Cardinal P Dublin, OH 4301 | | | | | | |
| | | How long employed to | here? <u>3 years</u> | i | | | | | |
| Par | Give Details About Mo | nthly Income | | | | | | | |
| | mate monthly income as of the case unless you are separated. | late you file this form. If | you have nothing to re | eport for a | any I | line, write \$0 in the | space. In | clude your no | n-filing |
| , | u or your non-filing spouse have m e space, attach a separate sheet to | | ombine the information | n for all e | mplo | oyers for that perso | on on the I | ines below. If | you need |
| | | | | | | For Debtor 1 | | ebtor 2 or ling spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | 2. | \$ | 6,000.02 | \$ | N/A | | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$ | 6,000.02 | \$ | N/A | |

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| Debtor 1 | | Rachieka R WInchester | | Case number (if known) | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|--|--|--|--|
| | Сор | y line 4 here | 4. | For Debtor 1 \$ 6,000.02 | For Debtor 2 or non-filing spouse \$ N/A | | | | | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. 5b. 5c. 5d. 5e. 5f. 5g. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues 401(k) loan repayment #1 (Paid off Other deductions. Specify: 4/2020) 401(k) loan repayment #2 (Paid off 5/2020) | 5a. 5b. 5c. 5d. 5e. 5f. 5g. | \$ 1,658.11 \$ 0.00 \$ 120.01 \$ 0.00 \$ 465.14 \$ 0.00 \$ 18.92 | \$ N/A \$ N/A \$ N/A \$ N/A \$ N/A \$ N/A \$ N/A \$ N/A | | | | | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ 2,302.96 | \$N/A | | | | | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ <u>3,697.06</u> | \$N/A | | | | | |
| 8. | 8a. 8b. 8c. 8d. 8e. 8f. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: | 8a. 8b. 8c. 8d. 8e. - 8f. 8g. - 8h.+ | | | | | | | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | \$N/A | | | | | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | 3,697.06 + \$_ | N/A = \$ 3,697.06 | | | | | |
| 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.00 | | | | | | | | | | |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. 3,697 Combined monthly income. | | | | | | | | | |
| 13. | Do y | you expect an increase or decrease within the year after you file this form? No. Yes Explain: | ? | | | | | | | |